

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13	/	/					63						
14	/	/					64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
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22	/						72						
23		/					73						
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30		/					80						
31	/	/					81						
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34		/					84						
35		/					85						
36		/					86						
37	/	/					87						
38	/						88						
39		/					89						
40		/					90						
41	/	/					91						
42	/						92						
43		/					93						
44		/					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						

BEST AVAILABLE COPY